



*B. Taylor*

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CONFIRMATION NO. 4365

SERIAL NUMBER 10/073,473	FILING DATE 02/11/2002  RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 27242.5					
<b>APPLICANTS</b>  Paul C. Brown, Grapevine, TX;									
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/270,499 02/21/2001 <i>BWT</i>									
<b>** FOREIGN APPLICATIONS *****</b> <i>W/A BWT</i>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/11/2002</b>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after            met         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           STATE OR             COUNTRY            TX         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           SHEETS             DRAWING            3         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           TOTAL             CLAIMS            19         </td> <td style="width: 15%; text-align: center; vertical-align: top;">           INDEPENDENT             CLAIMS            2         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR  COUNTRY TX	SHEETS  DRAWING 3	TOTAL  CLAIMS 19	INDEPENDENT  CLAIMS 2
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<b>ADDRESS</b> 27683 HAYNES AND BOONE, LLP 901 MAIN STREET, SUITE 3100 DALLAS , TX 75202									
<b>TITLE</b> Data protective system for voice-band telecom test sets									
FILING FEE  RECEIVED 388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____
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